

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/17/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/19/2006						
		FINANCIAL PAYER: WCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	BOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	11	507	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	507	507	0
3404904	WESTERN HIGHLAN DS LME	21	1094	DUPLICATE OF CLAIM-SYSTEM				
		3411	153	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	1678	30789	29111
		191	139	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	11	281	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	62	DUPLICATE OF CLAIM-SYSTEM	9	379	953	574
		143	13	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404912	CATAWBA COUNTVM ENTAL HEALT	8935	12	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	13	16	1060	1044
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	5044	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	766	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	6420	10519	4099
		143	392	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404916	CROSSROADS BEHA VIOBAL HEAL	79	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		3412	10	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	47	945	898
		3411	5	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404917	CENTERPOINT HUM AN SERVICES	11	1135	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1010	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	76	2443	6984	4541
		8536	64	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404919	GUILFORD CO MEN TAL HEALTHC	8599	135	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	63	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	48	432	10707	10275
		8536	61	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	8534	628	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	290	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	77	1428	4263	2835
		21	116	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	11	284	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		27	266	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	21	867	3615	2748
		120	39	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	3411	2298	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		3412	2026	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	25	6443	14352	7909
		8329	551	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	500	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	477	DUPLICATE OF CLAIM-SYSTEM	0	2093	7293	5200
		8599	370	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	264	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	98	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	4	511	7749	7238
		11	79	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	21	555	DUPLICATE OF CLAIM-SYSTEM				
		3411	205	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	15	1169	2376	1207
		8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	11	126	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8622	59	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	366	1732	1366
		5404	55	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	191	301	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8536	151	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	23	699	4693	3994
		21	79	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	73	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	37	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	211	1406	1195
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	3411	91	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		11	79	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	306	825	519
		8535	73	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1	9	1036	1027
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	23	DUPLICATE OF CLAIM-SYSTEM				
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	26	45	19
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404939	NEUSE MENTAL HE ALTH CENTER	4102	3	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
		10	2	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	7	206	199
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	8599	5349	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1072	DUPLICATE OF CLAIM-SYSTEM	3	7546	17266	9720
		27	224	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	4	DUPLICATE OF CLAIM-SYSTEM				
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	10	896	886
		3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	199	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8931	28	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	45	295	1378	1083
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8534	85	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8537	67	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	2	232	1434	1202
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	206	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	87	DUPLICATE OF CLAIM-SYSTEM	0	522	8812	8290
		143	62	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	11	63	4216	4153
		21	4	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	5404	72	SEVERE DUPLICATE: SAME ATTD PR				
	H/DD/SA PRO			OV/PCODE/TOS/DOS/MOD				
		8599	67	DETAIL NOT COVERED BY COMBINAT	42	347	5971	5624
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3412	60	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				